Brow and Waxing Consent

DESIGN | LAMINATION | TINT | FACE AND BODY WAXING

Client information

FULL LEGAL NAME

DATE OF BIRTH

PHONE

EMAIL

Service requested

[ ] Brow mapping and design

[ ] Brow wax

[ ] Brow tint

[ ] Brow lamination

[ ] Facial waxing

[ ] Body waxing (no Brazilian waxing)

Skin and health history

Check any item that applies now or has applied recently. Timing matters for safe hair removal and chemical services.

[ ] Prescription retinoid or topical acne medication

[ ] Isotretinoin (Accutane) use in the last 12 months

[ ] Recent chemical peel, laser, microdermabrasion, or exfoliation

[ ] Sunburn, broken skin, rash, or active irritation

[ ] Allergy or sensitivity to wax, resin, dyes, or cosmetics

[ ] Blood thinner or medication affecting skin healing

[ ] Diabetes, immune condition, or impaired healing

[ ] Pregnant or nursing

[ ] Recent brow tint, lamination, waxing, or permanent makeup

[ ] History of reaction to waxing, tint, or lamination

[ ] Using exfoliating acids, scrubs, or benzoyl peroxide

[ ] Other condition relevant to this service

PLEASE EXPLAIN CHECKED ITEMS, MEDICATIONS, ALLERGIES, AND RECENT TREATMENTS

SERVICE BOUNDARY

Radiance with Hazel offers waxing for a variety of face and body areas. Brazilian waxing is not offered.

Goals and preferences

DESIRED BROW SHAPE OR FINISH

SKIN SENSITIVITY LEVEL

ANYTHING ELSE YOU WANT HAZEL TO KNOW

Consent and Acknowledgment

PLEASE READ EACH STATEMENT BEFORE SIGNING

By signing below, I confirm that:

[ ] The information I provided is complete and accurate.

[ ] I understand waxing may cause temporary redness, tenderness, bruising, lifting, breakouts, ingrown hairs, or pigment changes.

[ ] I understand tint and lamination products may cause irritation or an allergic response.

[ ] I have disclosed medications, topical products, procedures, and conditions that may affect treatment safety.

[ ] I will tell the esthetician immediately if I experience unusual discomfort.

[ ] I understand results vary with hair growth, skin condition, prior services, and aftercare.

[ ] I consent to the selected service and understand it may be modified or declined when safety requires it.

[ ] I release the esthetician from claims related to risks that were explained and accepted, except where prohibited by law.

Aftercare essentials

Follow Hazel's personalized aftercare. Avoid heat, heavy sweating, exfoliation, fragrance, and unnecessary touching for the period advised. Protect freshly waxed skin from sun exposure. Contact Hazel if irritation is unexpected or persistent, and seek medical care for a severe reaction.

Photo permission (optional)

[ ] Yes, photos may be used in Hazel's portfolio and social media.

[ ] Yes, photos may be kept for private service records only.

[ ] No photos, please.

CLIENT PRINTED NAME **DATE**

CLIENT SIGNATURE **DATE**

If the client is under 18, a parent or legal guardian must sign and remain present for the service.

PARENT OR LEGAL GUARDIAN NAME **RELATIONSHIP**

PARENT OR LEGAL GUARDIAN SIGNATURE **DATE**

ESTHETICIAN SIGNATURE **DATE**